devoid of any morbid, hereditary tendencies, was much shocked in the second month of her first pregnancy by the repeated attacks of epilepsy on the part of her husband. Much disturbed by his affection, she commenced to brood over it, and to deteriorate in general health. She had complained for a month of pains in her stomach, of anorexia, of indigestion, of a feeling of constriction of the throat, etc., when one day she fell to the floor in an attack of hystero-epilepsy, which lasted about a half an hour. Similar attacks occurred during the successive days. About the third month a new symptom was added to those already existing (incessant headache, vomiting), namely, imperative attacks of sleeping, of a duration varying from a few moments to several hours. On her entering the hospital as a patient, Dr. Leoni found nothing abnormal in either her mental, her physical or psychical condition other than betrayed by her constantly falling asleep (eighteen attacks of sleep during the first day of her hospital life). The patient was always warned of the imminence of her attack by a peculiar pain in her head, extending from her forehead, over the vertex, to the cervical region, and had always sufficient time to notify her room-mates of her impending condition. The quality of her sleep was natural, there being neither muscular contractions, tremor nor convulsions present. If a limb was raised it fell back inert. No amount of mechanical excitation sufficed to awaken the patient, but when she awoke of her own accord she was always in a perfectly normal state and never complained of any unusual feeling. Her only two convulsive attacks preceded her sleeping, but did not follow it. There was at no time elevation of the temperature, even during the hystero-epileptic fits, and while in the hospital the patient's weight increased four pounds. The tendency to sleep constantly diminished, partly owing to the daily douches, and partly, doubtless, to the constant suggestion made to her, of the unimportance and waning of the symptoms, as well as its more direct dependence upon her pregnancy. The only medicine administered to her was four centigrammes of sodium chloride. E. N. B.

***The Two Principal Types of Infantile Paralysis.***—(*L'Union Médicale*, March 4, 1893). Professor Grasset, of Montpellier, in one of his recent lectures at the hospital, St. Eloi, called attention to the comparative study of atrophic spinal paralysis and of spastic cerebral paralysis. The first of these paralyses has the general

disturbance, the febrile beginning, common to all the acute diseases of childhood. During the first days there is fever, occasional convulsions, and at that moment, the diagnosis is impossible. Doubt, however, is no longer possible, the moment the paralysis appears. The paralysis, either generalized or wide spread, affecting several muscles, or of the paraplegic form, is always, in the beginning, more extensive than it will be later. To the first period succeeds a regressive one, in which the paralysis is limited to a few muscles or the several muscular groups. Simultaneously with the paralysis, a rapidly increasing atrophy occurs, followed by a faulty or retarded development of the corresponding parts, and giving rise to the well known deformations and infirmities. In spastic paralysis, on the other hand, the motor trouble takes on the hemiplegic form independently of its own specific contractile or paralytic nature, and this constitutes its fundamental difference from spinal paralysis in which this form almost never occurs. The entire spastic syndrome, the persistent, or intermittent and frequent contractures, the epileptoid trepidation, the trembling, the exaggerated patellar reflex, the absent or tardy atrophy, combine to form a very important and special picture, not discernible in infantile paralysis.

These various symptoms are necessarily not always present at the same time, inasmuch as the cerebral lesion is not constantly the same. Sometimes there has existed a cerebral hemorrhage, which may even date to the intra-uterine life, to which has succeeded a cerebral or a descending bulbo-medullary sclerosis. On other occasions, the sclerosis may be primary. To the consecutive cerebral atrophy succeeds a destruction of the nervous tissue, creating normal brain cavities. The continued evolution of the lesions in cerebral paralysis calls for the local application of revulsives, such as the thermo-cautery, etc. The various bromides can be tried as well as sodium borate. Craniectomy in diffuse, or trephination in localized lesions, have not been followed by encouraging results. E. N. B.

***Erythromelalgia.***—The *Deutche Medicinische Wochenscrift*, 1893, No. 50, contains an interesting paper by Prof. Eulenberg on Erythromelalgia, based upon three cases, whose histories are briefly as follows:

CASE I is that of a woman coming of a neuropathic family, who soon after a confinement in her twenty-ninth year, experienced at night a severe attack of pain in